

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/506,878

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		1				
4	1	2				
5		1				
6		1				
7		1				
8		1				
9						
10						
11		1				
12						
13						
14						
15		1				
16						
17						
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19						
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22						
23		1				
24		1				
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	17					
TOTAL CLAIMS	21					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						